

[Date]

[Name

Address

City, State Zip Code - *optional if provided elsewhere in the same mailing. Optional to provide plan name here]*

Important: We're Continuing to Offer Your Group Health Insurance Plan.

Dear Plan Sponsor:

Your health insurance coverage will soon be due for annual renewal. **On [date], your group members will be automatically re-enrolled in your group's current coverage.** Below are changes we'll be making to the plan.

Your 2016 plan will take effect [date]. [The premium for this plan is \$[dollar amount] per month.] or [Please see the enclosed plan materials for information on 2016 premiums.] Premium amounts are an estimate based on current enrollment, and may change depending on the individuals who actually enroll in the plan.

[Please review the table below for a summary of differences between your 2015 and 2016 plans:

	2015		2016	
Plan Name/Plan ID				
Metal Level				
Annual Deductible	Individual: In-network	Family: Out-of-network	Individual: In-network	Family: Out-of-network
Annual Maximum Out of Pocket Amount				
Doctor Office Visits				
In-patient Hospital Stays				
Prescription Drugs				

Please note this is only a summary, and you should review the [enclosed plan materials] or [plan materials we will be mailing separately] or [plan materials

online at URL] for detailed information on plan changes. You may also call us at [issuer phone contact] or visit our website at [issuer website] to review all the benefits and coverage information for this plan.]

or

[Please review the enclosed plan materials for other information on your 2016 plan, including the annual deductible, co-payments, coinsurance and out of pocket maximums. You may also call us at [issuer phone contact] or visit our website at [issuer website] to review all the benefits and coverage for this plan.]

Selecting coverage through Your Health Idaho

If you enroll in a small group health insurance plan through Your Health Idaho's Small Business Health Options Program (SHOP), you may be able to qualify for the small business health care tax credit. Your Health Idaho's Consumer Connectors are available to help you select the health plan that fits your employees' needs.

Selecting a new plan for 2016

You have the option of selecting a new employee health plan for 2016 during the SHOP Open Enrollment period that begins November 15, 2015 and runs through December 15, 2015. You may enroll outside of Open Enrollment if at least 70% of your full-time employees participate in the group plan.

- SHOP Enrollment – Enroll in a health plan [from [issuer name] or another insurance company] by contacting a Your Health Idaho certified agent or broker or contacting the insurance company. After completing a SHOP application and submitting it to Your Health Idaho, you can select a SHOP marketplace plan when your application is approved. If you have fewer than 25 full-time employee equivalents, you may qualify for the small business tax credit – see your tax advisor.
- Enrollment outside Your Health Idaho – Enroll in a new health plan with [issuer name] or another insurance company during open enrollment, with the assistance of an insurance agent or broker, if desired. Remember that if you do not submit an application through Your Health Idaho, enrollment will not be through the SHOP and you will not qualify for the small employer tax credit.

Important Issues to keep in mind

Whether you decide to keep your current group plan or choose a new plan, call us or visit our website to check which doctors, other health care providers, and prescription medications will be in the plan network next year.

Questions?

- Call [issuer name and contact information and hours of operation] or visit [issuer website] if you have questions about your health insurance plan.
- Visit yourhealthidaho.org or call 1-855-944-3246 (TTY: 1-800-952-8349) to find help near you, or for questions or information on SHOP enrollment or eligibility for the small employer tax credit.
- Contact your health insurance agent or broker.

Getting Help in Other Languages

Spanish (Español): Para obtener asistencia en Español, llame al [issuer name and contact information and hours of operation].